



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

U.S.
DEPARTMENT OF JUSTICE
CRIMINAL INVESTIGATIVE
DIVISION

NOV 22 P 3:1

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR-05-10004-PBS	
DEFENDANT Oleksiy Sharapka (Defendant)		TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Oleksiy Sharapka		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) c/o Housing Unit DSI Room 207, PCCF, 26 Long Pond Road, Plymouth, MA 02360		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY ASSISTANT U.S. ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY John Joseph Moakley Federal Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-referenced individual via certified mail, return receipt requested. CATS ID 05-USS-000237, 05-USS-000238, 05-USS-000239, 05-USS-000240, 05-USS-000241, 05-USS-000242, AND 05-USS-000243 JLJ xt 3297			
Signature of Attorney or other Originator requesting service on behalf of Kristina E. Barclay, Assistant U.S. Attorney		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100 Date Aug 3, 2006
SIGNATURE OF PERSON ACCEPTING PROCESS: <i>Sandra R. Reson</i>		Date 8/8/06	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: Date
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service <i>9/25/06</i>	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		Signature, Title and Treasury Agency <i>AM Valeri Rhodes USS</i>	
REMARKS: <i>Seizure # 102-a-006</i> Oleksiy Sharapka was served the Preliminary Order of Forfeiture, via certified mail, on 9/25/2006.			

TD F 90-22.48 (6/96)